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Attorney's Docket No.: 07763-042001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Gennaro et al. Art Unit : 1645  
Serial No. : 10/009,384 Examiner : Rodney P. Swartz  
Filed : August 20, 2002  
Title : SECRETED PROTEINS OF MYCOBACTERIUM TUBERCULOSIS AND  
THEIR USE AS VACCINES AND DIAGNOSTIC REAGENTS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

In response to the comments in the Office Action of May 4, 2005, Applicants submit the following amendments and remarks.

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

October 4, 2005

Date of Deposit

Signature

*Maryann White*

Maryann White  
Typed or Printed Name of Person Signing Certificate

Applicant : Gennaro et al.  
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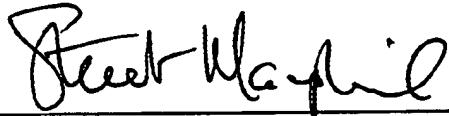
CONCLUSIONS

Applicant submits that the pending claims patentably define the invention and request that the Examiner permit the pending claims to pass to allowance.

If the Examiner would like to discuss any of the issues raised in the Office Action, Applicant's undersigned representative can be reached at the telephone number listed below.

Enclosed is a request for an automatic extension of time, and a check in payment of the extension in time. Please apply any other charges or credits to Deposit Account No. 06-1050, referencing Attorney Docket No. 07763-042001.

Respectfully submitted,



Stuart Macphail  
Reg. No. 44,217

Date: 10/4/05  
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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

10/099384

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20 =	16
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	50	OR BASIC FEE	
XS 9=	144	OR XS18=	
X42=		OR XB4=	
+140=		OR +280=	
TOTAL	144	OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	= 36	= 0
Independent	3	Minus	= 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	0	OR XS18=	
X42=	0	OR XB4=	
+140=		OR +280=	
TOTAL ADDT. FEE	0	OR TOTAL ADDT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	= 36	= 0
Independent	3	Minus	= 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	0	OR XS18=	
X42=	0	OR XB4=	
+140=		OR +280=	
TOTAL ADDT. FEE	0	OR TOTAL ADDT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34	Minus	= 34	= —
Independent	14	Minus	= 3	= 11
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	0	OR XS18=	
X42=	110	OR XB4=	
+140=		OR +280=	
TOTAL ADDT. FEE	110	OR TOTAL ADDT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.